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PO Box 50457 Indianapotis, IN 46250-0457

233000 APPLICATION NO FIR LINEY FRANK FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFERMATION NO 09/02/2003 Atanfred Waterle PDID00036US

TITLE OF INVENTION, MULTICRAMBER MICRODIAL YSIS DEVICE

APPLN, TYPE	SMAGE BYTTEY	ESSUE FER TALE	PUBLICATION SEE DUE	PREV. PAID ISSUE FAE	TOTAL PRECS) DUE	DATE OUE
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TR 1.563) Change of corresp Address form PTO/9 "Fee Address" in	dication (sq "Pee Address 62 or more recess) attach	nge of Correspondence	(2) the name of a single registered atterney or a	3 registered patent attenuvely, e firm (baving as a member agant) and the names of to mey's or apents. If no nam	7 Roche Diagn	

1. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (most or type)

PLEASE NOTE: Unless an assegmen is identified future no assignmendate will appear on the patent. If an assignment is identified below, the document has been filled for recordation as set furth to 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment

(A) NAME OF ASSIGNEE (B) RESIDENCE, (CITY and STATE OR COUNTRY) Roche Diagnostics Operations, Inc.

Indianapolis, IN ISA

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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

Tr. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1, 27(g)(2). NOTE—the Issue Fex and Publication Fee (if expaned) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assigner or other plany in otherest as shown by the records of the United States Publis and Trademark Office.

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